



NAVY AND MARINE CORPS MEDICAL NEWS

June 2013

MEDNEWS Items of Interest

In June, Navy Medicine will highlight how it demonstrates value across the Navy Medicine enterprise through efficient health care delivery, Medical Home Port teams, and effectively managing our patient population both in and out of network.

June celebrates Men's Health Month. In honor of this month, BUMED has launched its "Get Healthy Like a Man" campaign. Be sure to check out our social media and blog sites to see how you can get healthy like a man!

June 17th marks the 115th birthday of the Navy Hospital Corps.

June 4-7 marked the commemoration of the Battle of Midway, which took place June 4-7, 1942.

Check out the new Medical Home Port video on the USNavyMedicine YouTube page: <http://youtu.be/W1M-cGk0bwXM>.

Find us on Facebook. U.S. Navy Bureau of Medicine and Surgery, follow us on Twitter @NavyMedicine, read our publications on Issuu, check out our photos on Flickr, watch our videos on YouTube and read our blog on Navy Medicine Live.

Did You Know?

In the Vietnam War alone, hospital corpsmen received four Medals of Honor, 31 Navy Crosses, 127 Silver Stars, and 291 Bronze Stars for heroics under fire.

Deputy Surgeon General retires after 33 years

By Joshua L. Wick, U.S. Navy Bureau of Medicine and Surgery Public Affairs

WASHINGTON- The Navy's deputy surgeon general and deputy chief, Bureau of Medicine and Surgery (BUMED), retired June 14 after a military career that spanned more than 33 years of service.

In Navy tradition, Rear Adm. Michael H. Mittelman's flag was hauled down during a formal ceremony attended by senior and junior military members, civilian guests, family and friends at the Sail Loft on the Washington Navy Yard, D.C.

"When you look at the breadth of his career, the amazing telescopic view he's had of the Navy, the military, and the joint world in addition to what he's been able to bear throughout his career, it really is an amazing accomplishment," said Vice Adm. Matthew Nathan, U.S. Navy surgeon general and chief, BUMED.

Nathan added that in his last role, Mittelman was a compelling representative and co-leader of Navy Medicine.

"This ceremony is fitting for an officer of his caliber and for contributions he's made," said Nathan.

Mittelman, a native of Long Beach, N.Y., has held the position as deputy surgeon general and deputy chief of BUMED since November 2011.

The rear admiral began his Navy career as a staff optometrist in 1980 at Naval Hospital Cherry Point, N.C. In June 1989, he became the first Navy optometrist to earn designation as an Aerospace Optometrist (NASO). He took command of Naval Hospital Okinawa, Japan in July 2000, becoming the first optometrist to command a naval hospital. Additionally, Mittelman is the first and only clinician to

See Clinic, Page 3



Photo by Joshua Wick

Rear Adm. Michael Mittelman, deputy chief, U.S. Navy Bureau of Medicine and Surgery and deputy surgeon general of the U.S. Navy speaking during his retirement ceremony held June 14 at the Washington Navy Yard, D.C. Mittelman retires after a naval career that spanned more than 33 years of service.

Navy Medicine highlights value across the enterprise

In today's fiscal and resource constrained environment, we must look for value in all we do. Whether we are providing care to our Sailors, Marines, and beneficiaries, or developing health care policy, we need to evaluate how we are getting the job done. This is especially important in the peacetime care dynamic.

This month, I would like to talk with you about how we are creating value in the care we provide across the Navy Medicine enterprise. Many of you have heard me talk about my key priorities of readiness, value and jointness. In order to balance cost and quality, we need to make sure we're razor-sharp in the quality of care we provide, delivering that care in the most efficient way possible.

Over the past year, Navy Medicine has been working diligently on streamlining processes for recapturing purchased care, managing our patient population in and out of the network, and assessing the Medical Home Port (MHP) model.

Last year, I set a goal for the Navy

Medicine enterprise to spend less on purchased care in fiscal 2012 than the previous year. To achieve that goal, we focused on recapturing care in orthopedics, physical therapy, obstetrics/gynecology, primary care, mental health and general surgery. I'm pleased to say I'm seeing the trends moving in the right direction. Navy Medicine continues to move the needle in reducing the amount paid for purchased care by providing more care internally. This has not only allowed Navy Medicine to provide care more efficiently, but it has also controlled external costs and allows our workforce to be more productive.

"In order to balance cost and quality, we need to make sure we're razor-sharp in the quality of care we provide, delivering that care in the most efficient way possible."

Vice Adm. Matthew Nathan
U.S. Navy Surgeon General

seems to be a simple referral can actually cost, we are less likely to allow enrollees out into the private network. Through increased awareness and more informed referral decisions, our Navy Medicine health care providers will continue to recapture care, see more patients and do more of the work that would otherwise be sent out into the network.

The success with the value priority also demonstrates the link between specialty care and the MHP system, of which many of you have experienced in your MHP teams. We have seen that the robust medical homes have been doing a great job at managing our patient population. As a result, our inpatient care is decreasing and we are able to do more outpatient work.

The MHP model has allowed decreased emergency room use, among other achievements. Naval Hospital Sigonella and Naval Hospital Yokosuka are our top performers in this area where, on average, only two of every 100 enrollees are going to the ER for care each month.

It certainly starts with leadership, but it is my expectation that we all become more aware of our purchased care costs. As we understand how much what



Vice Adm. Matthew L. Nathan
U.S. Navy Surgeon General


This is great news.

Also, we have seen performance steadily increase with MHP continuity. Naval Hospital Oak Harbor has done an outstanding job with 86 percent of patients achieving continuity, meaning that their primary care manager is able to form a longer term, deeper relationship with the patient. This has a variety of benefits for the patient and is one of the key differentiators of the MHP model, including a higher likelihood that full medical history will be taken into account at each visit and has also been attributed to higher patient satisfaction.


For overall patient satisfaction, Navy Medicine is highly achieving no matter how you slice it. Enrollees at Naval Health Clinic (NHC) Guam, NHC Hawaii and NHC Annapolis could not be happier with the care that is provided by Navy Medicine, as over 95 percent of respondents are satisfied with the care they receive. I am proud to say that trends across all MTFs are improving as of the start of 2013.

By evaluating all that we do, we have become much better at controlling our costs, with month-to-month costs now relatively stable. This demonstrates the incredible job that our MTFs have done to turn the flywheel of purchased care in the other direction. I commend the tremendous work already being done, and I urge each of you to continue to ensure Navy Medicine is providing the best return on our nation's investment in quality health care for our naval forces.

I am so very proud of the work you do each day. Thank you for your service and as always, it is my honor and privilege to serve as your surgeon general.



Navy and Marine Corps
Medical News



U.S. Navy Bureau of Medicine and Surgery

Vice Adm. Matthew L. Nathan
U.S. Navy Surgeon General

Capt. Dora Lockwood
Public Affairs Officer

Paul Ross
Acting Deputy Public Affairs Officer

Valerie A. Kremer
MEDNEWS Managing Editor

U.S. Navy Bureau of Medicine and Surgery
7700 Arlington Blvd. Ste. 5122
Falls Church, Va. 22042-5122

Public Affairs Office
p - 703-681-9032

NMCSD opens new clinic in Rancho Bernardo

By Mass Communication Specialist
Seaman Pyoung K. Yi, Naval Medical
Center San Diego Public Affairs

SAN DIEGO - Naval Medical Center San Diego (NMCSD) celebrated the grand opening of one of its newest clinics during a ribbon-cutting ceremony May 15.

Naval Branch Health Clinic (NBHC) Rancho Bernardo is poised to continue the hospital's legacy of providing top-notch care to our nation's heroes and those who stand by them.

"This new clinic takes that world-class quality and brings it right into our patient's backyard. World-class quality health care with a state-of-the-art facility and convenience that is second to none," said Capt. (Dr.) Joe Aquilina, director of Branch Clinics. "This is a great service to all the active duty, their families and retired service members who entrust us with their health care needs. It's a real honor to serve these patients and I think putting so much into customer service and convenience really shows this commitment to our patients."

NBHC Rancho Bernardo is staffed by a patient and family-centered Medical Home Port team that delivers primary



Photo by Mass Communication Specialist 2nd Class Sean P. Lenahan

Rear Adm. C. Forrest Faison III, commander, Naval Medical Center San Diego and Navy Medicine West and staff cut the ribbon for the during the grand opening of Naval Branch Health Clinic Rancho Bernardo.

care, immunizations, pharmacy, phlebotomy, case management and health and wellness services in a "one stop shop" environment to 4,800 eligible beneficiaries.

The Rancho Bernardo Clinic will assist in lightening the load on neighboring Branch Health Clinic Marine Corps Air Station Miramar, allowing for more personalized patient care, according to NMCSD's Facilities Department Project

Officer, Lt. Cmdr. Richard J. Taulli.

The clinic opened its doors to patients April 22. Its 11 staff members treat an average of 20 patients daily, according to Aquilina.

"The team has done a great job coming together and really getting our processes in place. Our providers love the new facility and our patients really appreciate

See Clinic, Page 7

DEPUTY

From page 1

serve as the 15th director of the Medical Service Corps (MSC) and the only non-physician to serve as a combatant command surgeon for U.S. Pacific Command and the first at U.S. Joint Forces Command.

In addition to his series of firsts, Mittelman served in a variety of additional assignments and command positions across the Navy Medicine enterprise including Pensacola, Fla.; Great Lakes, Ill.; Washington, D.C.; Yorktown and Norfolk, Va.; Honolulu; Rota, Spain; as well as Okinawa, Japan.

"I got my first hop in a Marine EA-6B while stationed in Pensacola," said Mittelman. "That cemented my love for aviation."

At each duty station, Mittelman added, they [his family] met some amazing folks, who made a real impact on their lives and that has helped to make the Navy such a uniquely gratifying and rewarding career.

Though command has taken him out of regular clinical operations, treating great patients and being able to mentor junior Sailors is what has kept him motivated and dedicated.

"Don't be afraid to get out of your comfort zone and take some calculated risks," Mittelman said. "Take care of your people, be honest and have fun, it's the only way you'll grow professionally."

According to the rear admiral, one of his most significant accomplishments was his involvement in Operation Tomodachi, the United States' military medical response to the earthquake,

tsunami and nuclear reactor crisis in Japan in 2011.

During his time as command surgeon for Pacific Command, Mittelman and his team were responsible for ensuring the health safety of residents in the region as well as monitoring the air, food, soil and water for contaminants. In addition, they collaborated with the joint multinational disaster relief effort. Mittelman and his Navy Medicine team provided radiation health support, established a registry to document radiation exposure estimates for more than 70,000 Department of Defense affiliated personnel on or near the mainland of Japan and laid the foundation and established new science protocols for dealing with these type of situations.

Mittelman thanked Nathan and Dr. Jonathan Woodson, assistant Secretary of Defense (Health Affairs) and director of Tricare Management Activity, for their leadership and friendship. He added, Navy Medicine and the military health system are in great hands because of them, great officers and enlisted who keep Sailors, Marines and all service members healthy and on target for readiness.

Mittelman's awards and decorations include: Defense Superior Service Medal (two awards), Legion of Merit Medal (five awards), Meritorious Service Medal (three awards), Navy and Marine Corps Commendation Medal (two awards), Navy and Marine Corps Achievement Medal, Meritorious Unit Commendation (two awards), National Defense Service Medal, Global War on Terrorism Service Medal, Navy and Marine Corps Overseas Service Ribbon (five awards), and the Navy Expert Pistol ribbon.

NMETC honored during River Parade



Photo courtesy of Larry Coffey

The Navy Float at the 2013 Armed Forces Day River Parade held May 18, at the River Walk in downtown San Antonio.

By Larry Coffey, NMETC PAO

SAN ANTONIO – Navy Medicine Education and Training Command (NMETC) staff and students were among the many military personnel honored at the second annual Armed Forces Day River Parade held along the River Walk in downtown San Antonio May 18.

The river parade was one of multiple annual events honoring the military that are hosted by the community or businesses in San Antonio, known as Military City U.S.A.

“I was honored and privileged to be a part of the San Antonio Armed Forces River Parade,” said Rear Adm. Bill Roberts, Medical Education and Training Campus (METC) commandant, one of 11 Sailors on board the Navy float. “It was an extremely well orchestrated event, and I was delighted by how warmly the San Antonio community embraced our Navy men and women. San Antonio has a long history of supporting our troops, and that was clearly in evidence by the manner in which its citizens went out of their way to make our Navy personnel feel welcomed and appreciated.”

Sailors on board the Navy float were from NMETC, Navy Recruiting District San Antonio, the Navy Operational Sup-

port Center, Navy Medicine Information Management Support Activity, and the Navy Technical Training Center Master at Arms “A” School.

Sailors were also part of the celebration when they joined seven of their counterparts from the other services on board the Fiesta Military Ambassadors’ Float, where military ambassadors representing the five services during the Annual Fiesta San Antonio were recognized. Cryptologic Technician Interpretive 2nd Class William J. Cruz from the Navy Information Operations Command, San Antonio and Hospital Corpsman 2nd Class Gina Martinez, a METC Hospital Corps instructor from the Navy Medicine Training Support Center, were Navy ambassadors during Fiesta.

The parade was televised in 54 markets across the U.S., on the Pentagon Channel, Armed Forces Radio and Television Service outlets overseas and via Closed Circuit Television systems on board Navy ships. In all, the River Parade featured 24 floats — small flat-hulled boats decorated for the parade that slowly made their way down the San Antonio River Walk, a network of walkways along the banks of the San Antonio River. Five floats represented the five military services and were

decorated by the Paseo Del Rio Association, which puts on 24 River Walk events annually.

“The River Walk and the military are iconic with San Antonio,” said Nancy Hunt, executive director, Paseo Del Rio Association. “The Armed Forces Day River Parade just makes sense.”

Seaman Mary Ambrose, a Chicago native, was one of two METC Hospital Corps “A” School students who joined Roberts and Master Chief Petty Officer Rusty Perry, NMETC, command master chief, on board the Navy float. Ambrose said she discovered during this event just how iconic the military is with San Antonio.

“Before the parade started, we were walking around downtown San Antonio and people were stopping and looking,” said Ambrose. “There were even a few people who asked to take pictures with us. I have never seen the River Walk so crowded. When I told my mom I was getting recognized in the military appreciation parade, she was so proud. She was able to stream it live on Fox from Chicago.”

For Hunt, the Armed Forces Day River Parade was all about recognizing military personnel.

Navy's top doc discusses priorities, patient care

By Yan Kennon, Naval Hospital Jacksonville Public Affairs

JACKSONVILLE, Fla. - U.S. Navy surgeon general and chief, Bureau of Medicine and Surgery visited Naval Hospital (NH) Jacksonville and its branch health clinics May 29 and delivered a keynote address at the Center for Global Health and Medical Diplomacy at the University of North Florida's fifth annual Quality and Safety Forum May 30.

Together with NH Jacksonville Commanding Officer Capt. Gayle Shaffer, Vice Adm. Matthew Nathan kicked off day one of his visit by participating in the hospital's morning colors and awards ceremony to recognize more than a dozen outstanding staff.

"Navy medicine's number one job is to support the warfighter," said Nathan, during interactive discussions focused on patient's health outcomes, and the role of performance metrics in improving quality of care.

Supporting NH Jacksonville's current opportunity to increase primary care enrollment from 57,000 to 63,000 patients, Nathan commented that military families love that Navy Medicine doesn't get paid based on procedures; that instead, care decisions are driven by what is right for the patient.

Nathan pointed out that care in the TRI-CARE network costs taxpayers twice the money — the cost to

run the military treatment facility, and the cost of care in the network. And with nine general surgeons, two of whom are fellowship-trained joint specialists in arthroplasty; an award-winning Family Medicine Residency Program, the Navy's oldest and largest; state-of-the-art renovated facilities and expert staff, it has never been a better time to get care at NH Jacksonville.

Medical Home Port, Navy Medicine's team approach to health care, was another important topic, as it supports continuity of care, by placing patients in the center of a team of caregivers led by their primary care managers. Nathan



Photo by Jacob Sippel

Surgeon General of the Navy Vice Adm. Matthew Nathan, center, meets with senior leaders at Naval Hospital Jacksonville, including Commanding Officer, Capt. Gayle Shaffer. The discussion focused on patients' health outcomes and the role of Naval Hospital Jacksonville's performance metrics in improving quality of care.

envision a day when military patients are able to talk directly to a provider after-hours for urgent care that doesn't require an emergency room visit.

NH Jacksonville has 14 Medical Home Port teams across the command.

During his Surgeon General's call with junior military and civilian staff, he applauded the job that the Navy and Marine

environments, and the critical role of staff in being ready to go anytime, anywhere.

"You chose to be a part of an organization that is bigger than yourself, that gives back and that makes a difference," said Nathan. "As for our civilians, who are amazing in their resilience and ability to get things done, it's a pleasure working next to you each day."

Underscoring one of Navy Medicine's strategic goals to collaborate on shared visions for health care and interoperability, day two of Nathan's visit was his keynote address to about 200 leaders from regional health organizations at the fifth annual Quality and Safety Forum, hosted by the Center for Global Health and Medical Diplomacy at the University of North Florida. Discussions throughout the day were aimed at creating a culture of safety in medical institutions across the region.

"In health care, it's everyone's job to make the patient's life better when they leave the facility than it was when they came in," said Nathan.

He concluded his remarks to the northeast Florida audience when he said, "We heal patients as a community; private-sector, military, VA, and thank you for embracing Naval Hospital Jacksonville staff, not only as citizens, but as members of the medical community."

"In health care, it's everyone's job to make the patient's life better when they leave the facility than it was when they came in."

**Vice Adm. Matthew Nathan
U.S. Navy Surgeon General**

Corps team is doing.

"We form a naval and Marine Corps maritime team that does some amazing things around the world," said Nathan. "We work in any dynamic across the world, whether it's above the sea with naval aviation medicine; on the sea with surface medicine; below the sea with submarine medicine; or on land, supporting the Marine Corps and special operations, as evident for the last 10 to 12 years in Iraq and Afghanistan as major military combat support players."

In his address to senior staff, Nathan continued to discuss Navy Medicine's portfolio of combat casualty care in all

Navy Secretary describes progress in combating sexual assaults

By Jim Garamone, American Forces Press Service

WASHINGTON - Navy Secretary Ray Mabus is not concerned about sexual assault in the service. He's angry.

The Navy has been taking steps for years to combat the scourge of sexual assault in the ranks, Mabus told the Defense Writers Group June 13 and has two cultural barriers to break down.

The first culture that has to change is the "one that says this is OK, or that it is not really serious," he said. "The other is the mindset of a victim who says, 'I'm not going to report this, because nothing will happen. I won't be taken seriously, it won't be investigated, and it will hurt my career.'"

The Navy is aiming resources at where it has a problem, the secretary said. The Air Force has had a problem of sexual assault at basic training, he noted, and the Navy has had a problem at its follow-on schools.

"We have put a lot of attention at our 'A' schools," he said.

As the service finds programs that work, Mabus said, officials export them to other commands. The "A" school initiatives started at Great Lakes, Ill., and have moved on to Navy schools in San Diego and Pensacola, Fla.

The Navy has been aggressive, the service's top civilian official said. "We're sending shore patrols out — the first time in a long time we've done that," he added. "We're stressing bystander intervention."

The service also is continuing efforts to cut alcohol abuse, because a large number of sexual assaults have had an alcohol component, the secretary said.

Another area of focus zeroes in on what happens if an incident happens. "Is it reported? How quickly and how well do we respond?" Mabus said. "Is the command climate right for people to report?"

Tied to this is victim assistance, he added. How local officials help the victims in these cases is important to him, Mabus said.

Finally, investigation and prosecution is important to the Navy. Mabus has authorized more money to the Naval Criminal Investigative Service for more investigators and more resources.



Official U.S. Navy file photo

Navy Secretary Ray Mabus briefed the Defense Writers Group June 13 about the Navy's plan to decrease sexual assaults in targeted locations.

"It was taking up to 180 days to investigate an incident," he said. "Initially, we think we can get this down to 80 days."

The Navy also is spending more to train its lawyers in these cases, the secretary said.

Measuring what works and what doesn't also is part of this effort, Mabus said. "Can we figure out what the best practices are?" he asked. "We're beginning to make some headway there."

Mabus said he thinks taking away a commander's right to overturn a conviction is long overdue.

"Right now, if you are convicted of sexual assault, you are referred to a board of inquiry to see if you'll be allowed to stay [in the service]," he said. The notion that "if you're convicted, you're out" is the way to go, he added.

The secretary said he looks at sexual assault as an internal attack that must be dealt with.

"We're finding pretty dramatic results in places like Great Lakes, where we've rolled out these programs," he said. "Our job is to get them fleetwide."



Photo by Mass Communication Specialist 2nd Class Sean Furey

Combat Care Training

Sailors from various naval health commands around Hawaii participate in Tactical Combat Casualty Care (TCCC) training. TCCC is a concept of pre-hospital casualty management specific to the combat and tactical environments. During the field training exercise portion of TCCC, Sailors are put into a simulated combat scenario where they have to deal with elements of battle and provide accurate and timely medical care.



View more Navy Medicine photos online at:
www.flickr.com/photos/navymedicine/



HOSPITAL CORPS' 115TH BIRTHDAY



Photo by Joshua Wick

(From left to right) The most junior corpsman, Hospital Corpsman 3rd Class Keeon Haines; Rear Adm. Michael Mittelman, deputy surgeon general; and Force Master Chief Sherman Boss, U.S. Navy Bureau of Medicine and Surgery, cut the cake during the Hospital Corps' 115th birthday celebration held June 13 at the Defense Health Headquarters.

By Valerie A. Kremer, U.S. Navy Bureau of Medicine and Surgery Public Affairs

FALLS CHURCH, Va. – The Navy Hospital Corps will celebrate 115 years of service June 17.

During the anniversary of the Hospital Corps, Navy Medicine leadership, corpsmen, and staff come together across the Navy Medicine enterprise to honor the sacrifice and achievements of hospital corpsmen past and present.

“Over the past century, the unyielding commitment of our Hospital Corps has been nothing short of remarkable,” said

Master Chief Sherman Boss, director of the Hospital Corps, and Force Master Chief, U.S. Navy Bureau of Medicine and Surgery, during a ceremony held at the Defense Health Headquarters honoring the 115th birthday of the Hospital Corps, June 13. “Your service today stands as a benchmark of excellence and professionalism within the Navy and Marine Corps. As the Hospital Corps begins another year of dedicated service to our warriors and their families, we remember the rich traditions and legacy of the past and look forward to the future service to our great nation.”

Established June 17, 1898, the Hospital Corps provides health care to Sailors, Marines, and those entrusted to their care on the battlefield, at sea, under the sea, and in military treatment facilities worldwide.

“No Marine has gone into battle without you,” said Rear Adm. Mittelman, deputy Navy surgeon general. “No ship or sub has gone underway without you. You’re always in the thick of the battle and the main reason we have a 97 percent save rate on the battlefield. Your lineage is one of honor, courage and commitment.”

Although the name of hospital corpsmen has changed from the Corps’ inception in the Continental Navy, from lolly boy to pharmacists mate to hospital corpsman, the core values of the Hospital Corps remain the same.

“The reason I became a hospital corpsman was because of my grandmother who was sick and I was taking care of her,” said Hospital Corpsman 3rd Class, Keeon Haynes, the most junior corpsman during the ceremony. “It means so much to me to help people because that is just what I do – putting other people before me. It means more to me to take care of someone else and see them get better than anything else in the world – it makes me happy.”

The Hospital Corps, which consists of more than 25,480 active duty and reserve Navy hospital corpsmen, is the largest and most decorated rating in the Navy. Twenty naval ships have been named after hospital corpsmen.

Since 1919, 178 corpsmen have received the Navy Cross Award. In the Vietnam War alone, hospital corpsmen received four Medals of Honor, 31 Navy Crosses, 127 Silver Stars, and 291 Bronze Stars for heroics under fire.

CLINIC

From page 3

being able to keep their current provider and see them in this brand-new clinic, which is close to their home or work,” he said.

The clinic has 13 examination rooms, a treatment room, two screening rooms, a laboratory, pharmacy, a space for mammography, a work pod for the clinic’s staff, as well as administrative and supply spaces in a 9,200-square-foot facility.

“This location brings the high quality NMCS patient care to North [San Diego] County,” added NBHC Rancho Bernardo department head, Cmdr. Elizabeth Engelman. “We can now

offer services in multiple locations that best serve our patient populations.”

Planning for the new clinic began in 2009; construction commenced in December 2012 and was completed in March 2013.

“I am very pleased with the results; the facility is very attractive, and raises the standard of care for our patients. The effort and support of all involved was truly above par, above and beyond in every case,” said Taulli. “I am extremely proud to have been part of this team, and grateful to be entrusted with such an important task for the hospital, its beneficiaries, and San Diego.”

NMCS also celebrated the grand re-opening of the newly-renovated Branch Health Clinic Naval Training Center May 31.

Got News?

If you’d like to submit an article or have an idea for one, contact MEDNEWS at 703-681-9032 or Valerie.Kremer@med.navy.mil



Medical personnel lead disaster management conference

By Pfc. Kasey Peacock, Marine Corps Installations Pacific

NISHIHARA, OKINAWA, Japan - More than 100 people attended a disaster preparedness, management and response conference May 17 at the University of the Ryukyus Hospital's Okinawa Clinical Simulation Center in Nishihara.

Navy Capt. John P. LaBanc, the III Marine Expeditionary Force surgeon, and Dr. Ichiro Kukita, the university director of the emergency medicine department, invited medical professionals, students and professors from Japan and U.S. service members and Department of Defense employees to the conference to develop disaster relief response plans.

"In the Asia-Pacific region, and especially Japan, we realize that disasters are imminent, and we need to work together," said LaBanc. "After last year's conference, we wanted to get the word out about the importance of it and about building relationships with the medical community now before disaster strikes. This is our opportunity to work with the medical community throughout Japan."

People attending the one-day conference heard presentations from both American and Japanese medical professionals who covered an overview of disaster management, bilateral response operations, planning, incident command systems, injuries and coping with post-traumatic stress disorder.

The conference brought together individuals involved in disaster response situations, according to Robert D. Eldridge, the deputy assistant chief of staff for G-7, government and external affairs, Marine Corps Installations Pacific.

"We had medical first-responders, military service members, doctors, professors and firefighters from all across Japan come to the conference," said Eldridge. "With everyone having different procedures, we can learn from each other to find the best practice. Several people at the conference were involved directly with the Great East Japan Earthquake and subsequent tsunami relief efforts. This brought a lot of experience to the conference and helped a great deal in planning future relief efforts."

The number of people who showed up highlighted the importance of planning for future disasters, according to Lt. Col. Hiroya Goto, an ophthalmology instructor at the Japan Ground Self-Defense Force Medical School.

"I was happy about the turnout," said Goto. "I believe that, on top of the importance of planning for these efforts, more importantly is the face-to-face contact you have with your peers."



Photo by Pft. Kasey Peacock

Approximately 100 people were in attendance as U.S. Navy Capt. Miguel A. Cubano talks about his experiences dealing with earthquake relief efforts at a disaster management conference May 17 at the University of the Ryukyus Hospital's Okinawa Clinical Simulation Center in Nishihara. Cubano is chief operations and medical director for Tricare Area Office-Pacific.

It made such a difference during Operation Tomodachi to have worked beside Americans in the past. By meeting each other and then working together to help each other, you build relationships that last a lifetime."

The conference also established a relationship between the staff at the simulation center and the medical community to coordinate future joint medical exercises, according to LaBanc.

"The simulation center here is one of the most advanced in all of Asia," said LaBanc. "Our goal is to come up with a course that can integrate Japanese and American service members, as well as medical personnel from the center, into a combined training scenario. With all of those entities coming together, plus the benefits of the centers capabilities, you have a remarkable opportunity."

With the understanding that a disaster could be forthcoming, conferences like these are steps in the right direction in getting everyone prepared, according to Eldridge.

"It has been said the best way to save lives is to do it ahead of time," said Eldridge. "These conferences show we all understand that and are doing everything we can to work together in preparation for whatever happens."



Photo by Mass Communication Specialist Scott Barnes

Trauma Training

Hospital Corpsman 3rd Class Jocelyn Corpening provides emergency care to a multiple amputation trauma trainer during the Collective Protection Exercise held on Naval Weapons Station Yorktown-Cheatham Annex, May 14. The Collective Protection Exercise provides a collective protection to the warfighter and their equipment utilizing state-of-the-art chemical, biological and radiological protective technologies.

Independent Duty Corpsmen celebrate graduation

By Mass Communication Specialist
3rd Class Joe Bishop, Naval Medical
Center San Diego Public Affairs

SAN DIEGO - Independent Duty Corpsmen (IDC) graduated from Surface Warfare Medical Institution (SWMI) at Naval Medical Center, San Diego with a keynote speech by the 37th Surgeon General of the Navy and Chief of the Navy's Bureau of Medicine and Surgery June 7.

Vice Adm. Matthew L. Nathan spoke to the class and among the family members and fellow Sailors, Nathan emphasized the importance of their abilities.

"We bring concentrated medical training in the form of an independent duty corpsman," said Nathan.

IDC's are trained to function independent of medical officers. They work in a wide range of medical environments that include: advanced diving medicine, advanced patient care, medical administration and environmental/occupational health.

Additionally, IDCs are trained in logistical duties, which allow them to function effectively when operating independently of medical officers. The IDC program also provides an IDC refresher course and the Surface Force Medical Indoctrination Course (SFMIC).

"The IDC is just an absolutely critical element of what we do in the Navy operating forces," said Nathan.

Various platforms in which IDC's can be found include: diving commands,



Photo by Mass Communication Specialist 3rd Class Joe Bishop

Sailors listen to Vice Adm. Matthew L. Nathan, Navy surgeon general, speak during their graduation from the Independent Duty Corpsmen (IDC) program at the Surface Warfare Medical Institute. The IDC program is a yearlong course that delivers training in support of Force Health Protection.

ships, Fleet Marine Force (FMF), sub-marines, special operation commands, Seabees and also various shore activities related to the Navy and Marine Corps.

IDCs are typically considered specialists for medical support obligations due to the dynamic operational flow and tasking they handle in assisting other elements of the Department of Defense.

SWMI offers a number of courses to medical professionals that educate Sailors on how to offer the best care to Sailors

and Marines, who depend on their services. The Surface Force Independent Duty Corpsmen class is a yearlong course.

The IDC graduates are trained and prepared to work in various locations and under a myriad of circumstances.

"We put these men and women in some of the most remote and isolated platforms at sea and on land around the world," said Nathan. "They perform a critical function and they really are the tip of the spear."

Winners of Navy Surgeon General's Health Promotion and Wellness Award announced

By Navy and Marine Corps Public Health Center Public Affairs

PORTSMOUTH, Va. - The Navy and Marine Corps Public Health Center (NMCPHC) announced the posting of the 2012 Blue-H Navy Surgeon General's Health Promotion and Wellness Award winners on its website June 14.

Winners were officially recognized in a message last month by Vice Adm. Matthew L. Nathan, U.S. Navy Surgeon General, for their outstanding contributions in health, wellness and fitness activities and policies in Navy workplaces and U.S. Marine Corps SEMPER FIT Centers. Exactly 271 organizations were recognized in 2012, up 10.6 percent from 2011, indicating an increase in the Navy awareness of the Blue H Award.

Managed by NMCPHC, the annual award is intended to encourage and reward the promotion of health and wellness topics. Topics include alcohol abuse prevention, injury

prevention, nutrition, physical activity, psychological health, sexual health, tobacco cessation and weight management. The award incorporates workplace-level information about the crew's health from the Fleet and Marine Corps Health Risk Assessment.

"We are proud to recognize these Navy workplaces and Marine Corps SEMPER FIT Centers for their commitment to healthy living," said Cmdr. Connie Scott, Health Promotion and Wellness department head, NMCPHC. "This demonstrates the commitment of many commands to force health and readiness and sets the standard for other organizations."

Award recipients are recognized in three different Navy and Marine Corps environments: fleet, medical and Semper Fit Centers.

Fleet - This version is for all Navy commands other than military treatment facilities (MTF) and recognizes excel-



See Award, Page 10

Researchers evaluate hypoxia mitigation

By Dr. Jeffrey Phillips and Dr. Bill Becker, NAMRU-Dayton

DAYTON, Ohio - Hypoxia represents a significant hazard in military and civil aviation. Since 2001, over 100 hypoxia-related hazard reports and three mishaps in Naval aviation have been attributed to hypoxia.

Scientists and engineers at the Naval Medical Research Unit Dayton (NAMRU-Dayton) are testing in-cockpit hypoxia detection methods focusing on physiological sensors including pulse oximetry, reflectance oximetry, and near-infrared spectroscopy. Although each of these techniques is capable of detecting a hypoxic event, their functionality is often compromised by environmental factors and require the operator to experience a significant degree of blood oxygen desaturation before hypoxia is detected.

These limitations led NAMRU-Dayton investigators to seek hypoxia detection methods that would rapidly alert the operator to the onset of a hypoxic event.

One promising approach uses gas sensors to monitor the volume and quality of air provided to pilots and crew through their life support systems. Researchers determined that in the event of a hypoxic episode an oxygen sensor in the mask would detect hypoxia up to six minutes before any of the measures of blood oxygen saturation would.

These promising results have led to a collaboration between the Navy, Air Force, and private industry. An industry partner developed a sensor suite to detect any disruption in the quantity or quality of the breathing air supplied to the pilot. The suite is composed of an oxygen and flow sensor to test air before it reaches the operator as well as a carbon dioxide sensor to check for anomalies in expired air



Photo courtesy of NAMRU-Dayton

The orbital hypoxia mitigation sensor suite mounted to a standard aviation mask.

to suggest a disruption to normal respiratory metabolism.

NAMRU-Dayton researchers are working on a project, funded through the Air Force Surgeon General's Office, to characterize the effect of normal aerospace environmental factors on sensor performance and accuracy.

Many aspects of the aviation environment, such as fluctuating barometric pressures and humidity levels as well as temperature extremes, can negatively influence sensor performance in opera-

tional settings.

These sensors are evaluated inside a hypobaric chamber while temperature, pressure, flow and humidity are manipulated. The results will be used to establish algorithms to correct for the negative effects of aviation-specific environmental issues.

NAMRU-Dayton researchers and their research collaborators will continue investigating this and other potential mitigations with the constant goal to improve the safety of flight for our warfighters.

AWARD

From page 9

lence in workplace primary prevention policies, activities and outcomes; such as the health status of the crew or staff, and conduct of evidence-based and best practice activities.

Medical - This version is for active duty MTFs and recognizes excellence in clinical primary prevention, community health promotion and medical staff health.

Semper Fit Health Promotion Program - This version recognizes excellence in community-level primary prevention activities for Marines, including alcohol abuse prevention, injury

prevention, nutrition, physical activity, psychological health, sexual health and tobacco cessation, conducted by Marine Corps Semper Fit Centers.

The award is presented at three levels - Bronze Anchor, Silver Eagle and Gold Star. Every organization that applies receives at least the Bronze Anchor. A command earns the Silver Eagle by scoring at least of 50 percent of available points in every judged category. In addition to achieving at least 50 percent in every category, commands that achieve at least 80 percent of the total available points earn the Gold Star. All of the winning commands received a Blue H pennant and an annual streamer representing their level of achievement.



Photo by Mass Communication Specialist 3rd Class Laurie Dexter

Pacific Partnership embarked aboard the amphibious dock landing ship USS Pearl Harbor (LSD 52) transits past the USS Missouri museum as the ship departs Pearl Harbor, May 25. Pacific Partnership is the largest disaster response-preparation mission in the Indo-Asia-Pacific region. The mission contributes to stability and security by opening dialogue between leaders, fostering friendships and building mutual trust and respect, while ensuring that the international community is better prepared to work together as a coordinated team when a regional disaster strikes.

By Lt. Cmdr. Lori Christensen, U.S. Navy Bureau of Medicine and Surgery

I will soon be embarking on what has the potential to be the most exciting three months of my Navy career to date. Leaving the familiar behind, I will go to places I have only read about in history books.

When I had the pleasure of getting to know an officer from the Papua New Guinea Defense Force during my Army Medical Service Corps days, I never dreamed that my future would include working in his home country as a Navy Medical Service Corps Officer. That is exactly what happens as I arrive in Papua New Guinea as part Pacific Partnership 2013.

Pacific Partnership 2013 began for me in late January when I received a request for forces from Navy Medicine West. The message was sent to me on a Sunday evening because of my role as the Environmental Health Officer (EHO) community Assistant Specialty Leader. The request came in for two EHOs to deploy with Destroyer Squadron 31 as part of the preventive medicine team for the mission.

My immediate reaction was to volun-

teer! This is the type of mission that we dream about in the preventive medicine community! We put out a message to the EHO community the next day and had an overwhelming response from the junior officers in the community. One thing about the EHO community is that we are not shy about deployments. The selection was made to send me and Lt. j.g. William Sterling from Navy Environmental and Preventive Medicine Unit Six, Pearl Harbor, Hawaii. The support from the EHO community and my colleagues at the U.S. Navy Bureau of Medicine and Surgery (BUMED) has been overwhelming. Navy medicine is truly a team I am so fortunate to be a part of.

Those of us who were assigned in February came into planning that was already well under way. The Pre Deployment Site Survey teams were returning to provide situational awareness and guidance at weekly teleconferences led by the Medical Component Lead for the mission, Capt. Chris Westbrook, Fleet Surgical Team 9, San Diego. I was assigned as the senior Preventive Medicine staffer for the team and began the process of mission preparation in addition to

maintaining an already busy schedule in my current position at BUMED.

One of the first decisions that had to be made was to determine which officers would go on each of the three separate ADVON (Advanced Liaison) teams. There were four of us to choose from and the remaining officer would be the preventive medicine officer in charge on the USS Pearl Harbor. It was determined that I would go on ADVON with the team deploying to Papua New Guinea and the Solomon Islands. This means I will be in country to liaison with the host nation ministries of health and medical teams to determine, which activities the shipboard crew will participate in when they disembark.

The main focus of PP13 is to build on pre-existing infrastructure and conduct subject matter expertise exchanges to build sustainable projects that can grow and be further developed by future mission teams. It is an exciting opportunity and I am very excited to be able to share it with my Navy colleagues. Also, as it is a partnership mission, we will be working alongside our Australian and New Zealand counterparts.

To keep up with Navy Medicine news and daily updates follow us on...

